BC/ASRH REGIONAL PARTNER MEETING
BANGKOK, THAILAND

August 9-10, 2000

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In recognition of the efforts that went into holding this first regional meeting of *NGO Networks for Health* partner organization representatives, we would like to express our gratitude by acknowledging:

❑ Brian McLaughlin and the team at the PATH Bangkok office for their support in the preparation and logistics of the meeting.

❑ Premila Bartlett of *NGO Networks* and Sam Clark of PATH DC for their work at headquarters level.

❑ Claudia Liebler from The Gem Initiative, for her advice on workshop design.

❑ Ruth Hope, Senior FP/RH Advisor at *NGO Networks*, for all her support, advice and assistance.

❑ Donal Keane, Regional Director, and Tiamta Prasai, Office Manager, PLAN International Asia Regional Office, for their support.

❑ Each and every one of the participants who took precious time to represent their organizations, the Partners in *NGO Networks for Health*.

Many thanks to all!

Katherine Bond
Catharine Pownall

Introduction

The Bangkok Meeting: Purpose and Goals

On August 9-10, 2000, 14 regional representatives[1] of the five NGO Networks for Health (*Networks)* Partner organizations came together for the first time. Co-facilitated by Katherine Bond and Catharine Pownall, and documented by William Savage, the meeting's agenda[2] was determined by the direction of the group's discussions, and based on the Appreciative Inquiry strategic planning methodology.

Behavior Change and Adolescent Sexual and Reproductive Health (ASRH) emerged as one of the proposals for collaborative capacity building in the *Networks* workshop conducted in November 1999 and was further developed in January 2000. ASRH has also been identified as a regional concern by the *Networks* Partners in the region. Thus the purpose of the Bangkok meeting was to discuss potential collaboration on ASRH and capacity-building in the region, to understand each Partner organization's perspectives, and to respond to participants' questions about *Networks* and their organizations' roles in it, capitalizing on their wide spectrum of experience, especially in community development, an underused entry point in working with young people on ASRH.

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[1] See the list of participants in Annex A.
[2] Annotated with comments on method in Annex B.

"We need to get comfortable with each other as partners first, without feeling rushed into pre-determined outcomes."

The Bangkok meeting had as its goals to:

- Increase awareness and understanding of what *NGO Networks* Partner organizations are doing in ASRH programs in the region;
- Acknowledge existing successes of Partner programs in the region and identify a vision and opportunities for joint capacity-building; and
- Explore the possibilities for developing a partnership for joint capacity-building.

In addition to these pre-determined goals, participants also wanted to gain a clearer understanding of *Networks* and what was expected from the Partner organizations.

The Report

This document is not a chronological account typical of many meetings and workshops, but one that captures the content of presentations and discussions, and presents the agreements reached, structured around the broad topic areas listed in the Table of Contents and derived from participants' own comments. As such, it represents Partner organization representatives' perceptions and uncertainties about *Networks* and provides clarifications on what, for many, has just recently demanded their attention. It will also serve as a source of information on

Networks for Partner organization representatives to share with their colleagues.

NGO Networks for Health

"*Networks* was founded with the knowledge that new forms of cooperation and partnering are required if communities are to meet their growing information and health service needs. In response to this challenge, five leading international NGOs, which have demonstrated excellence in their work in communities throughout the world, have joined forces in a unique and exciting partnership to implement the *NGO Networks for Health* project."[3] Senior representatives of the Partners comprise the Networks Partnership Council (NPC) which sets overall strategy and provides operational guidelines through its quarterly meetings. The Project Advisory Group (PAG) provides technical advice to the project. For example, *Networks* information documents posted on the Web have been guided and endorsed by the PAG. This group is strategically important because it is through them that funds can be accessed and they are involved in each Partner's capacity-building initiatives. The PAG can be approached directly, although each Partner has its own way of dealing with the capacity-building funds.

Networks staff are seconded to the project from the partner organizations. While there is ASRH expertise in Washington, there is also a recognition that the "experts" are here in the field. There is also the hope for more sharing between the field and headquarters to decrease

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[3] Excerpt from *Networks* brochure.

any gaps between ASRH knowledge and experience. Regionally, Katherine Bond and Catharine Pownall will coordinate, and are also available to Partner organizations in their fields of technical expertise.

"I am front-line staff and don't have many chances to join meetings like this, to get to know each other to start networking."

Networks is focused on its Partner organizations but extends through them to local NGOs and community-based organizations (CBOs), the difference in some countries being that the latter are not registered with the government. *Networks* aims to expand the coverage of health service delivery to communities by forging links with governments and local NGOs, and by helping to fill service gaps not covered by government agencies.

An important structural factor in the project's organization are the four Immediate Results (IR) and their Results Managers. IR 2 and 3 are health outcomes, 1 and 4 are about capacity and networks, but all four have equal reporting lines. In terms of the relationship between *Networks*, the four current focus countries and the Partner organizations, focus countries are where programming has started, but the capacity-building initiative is geared towards the Partners and is not one of programming.

The Bangkok meeting provided the first opportunity to convene the Partners at a regional level in order to ensure that field needs are represented within the *Networks* structure and planning. At the same time, the *Networks* team is trying to get a feel for how the project is viewed in the region, with an intention to begin engendering a sense of project ownership with colleagues at regional and field levels.

Network Approaches to Capacity-building in ASRH

The Bangkok meeting is an exciting opportunity to begin developing innovative approaches to dealing with ASRH. ASRH is not only a clinical or health issue, but systemic, and needs to be considered in its broadest context, working within communities and families to ensure that young people are safe and protected from reproductive health risks. It is also an opportunity to help others worldwide to understand the deeply-rooted and complex issues surrounding ASRH. There is a need to look for strategies other than a project approach, strategies for social change that build on the region's networking experience. Existing networks, to which many partner organizations belong, should also be seen as resources and potential links. Examples include the 78-organization Safe Motherhood Network in Nepal, and the NGO AIDS Network with

its vast experience of networking in Thailand. One outcome of *Networks* collaborations in the region should be an enhanced NGO voice in ASRH. Another is to demonstrate that networks can improve access to ASRH services.

Many organizations are moving away from IEC strategies (knowing) alone to Behavior Change (BC) Intervention (doing), in which the community is actively involved. Such a shift in adolescent programs recognizes the need for multisectoral, community-based approaches that address developmental needs and behavior-influencing issues of young people, while providing them with "life skills". Network models offer opportunities to innovate, to develop strategies that link sectors at the community level, and address the importance of family and other social influences on youth behaviors. The Asia region has broad experience in working through networks and can offer lessons, strategies and successes to the global body of knowledge.

Networks Partner Organizations in Asia

Since the Regional Technical Advisor (Catharine Pownall) is now here, it was decided to start the ASRH capacity-building initiative in Asia. Although the NPC has said that results need to be shown, Partner organizations in the region do not have to be constrained by the framework, and should explore different and appropriate ways of working together. They can define how they want to collaborate, what the Asia region

will be for the purposes of joint capacity-building activities, and what they expect from *Networks* and each other depending on organizational readiness.

> "We have an exciting opportunity to define what we would like to do in the region, to 'push the goal posts' and 'think out of the box'."

PACT worked with *Networks* to develop a modular capacity-building tool, the IDA (Institutional Development Assessment). This was done at a global level but with input from regional and national levels. The IDA is an assessment of the organization by the people in it. It has been adapted for local use and is being further adapted for the field level. Although there is no plan to roll out the IDA in the countries, it could be used if requested.

Following the IDA exercise, each organization developed individual capacity-building plans for which it will use the *Networks* funds, together with matching funds and in-kind contributions they have committed. Each organization can decide how to use the money; for example, one organization can invite others to training events. Funds can also be accessed from other donors. ADRA, SAVE, PLAN and PATH have developed capacity-building plans that were presented and endorsed at the *Networks* meeting in April. CARE is in the process of developing one.

> "We need to have patience with process and take time to develop, to find value in the process itself."

A first step towards joint capacity-building activities might be to consider the complementarity of the organizations in light of the different expertise that they bring to the partnership.

Experience with Partnerships and Networks, and Factors for Success

Collectively, the regional Partner organizations have been involved in partnerships and networks with:

- CBOs and other local organizations like farmer groups, women's forums and volunteer groups
- networks specific to, for example, reproductive health and HIV/AIDS
- local governments
- institutions such as universities, schools, churches and hospitals
- national government ministries and agencies
- local and international NGOs
- private sector organizations

> "The value of networking is worth the sweat and tears to achieve it, with the willingness to seek commonality."

Perceived factors in successful partnerships and networks include:

- initiation by the partners, rather than forced, analogous to the way we strive to work in communities
- common understanding of what the network is
- common interests and mutual benefit
- flexibility

- listening
- identifying what each partner has to offer, two-way complementarity, not necessarily equal but effective teaming arrangements and no domineering member
- clearly-defined expectations and roles (MOUs can actually help)
- not forcing partners to work in "our way", or in a pre-determined manner
- careful selection of partners
- financial sustainability of partners
- effective leadership and management
- regular meetings with the same core group of people
- information-sharing and communication
- knowing individuals in the partner organizations, and knowing about the organization itself
- exchanging feedback on progress
- emphasizing and sharing expertise and resources
- joint program planning and monitoring, orientation and training, and organizational policy and procedure development
- extending across local, national and regional levels
- involvement in government committees like Thai NGO AIDS and Safe Motherhood in Nepal
- shared philosophy and approaches

The *Networks* Asia Group

The potential for collaboration exists and the commitment is there. At a global level, PATH has shown its commitment by placing Katherine Bond here. Taking into account each organization's strengths and weaknesses, and clear differences and similarities, a start has been made with the drafting of a common vision for the youth of Asia:

Given the threats posed to youth of STD/HIV, unwanted pregnancy, early marriage, drug use, violence against women, low literacy and lack of educational opportunities, our vision is that:

Adolescents will be living in an environment which empowers them with the necessary capacity, skills and resources to make informed, positive choices enabling them to live healthy and productive lives.

Asian youth will:

- *be well-prepared with life skills and job skills*
- *have equal learning opportunities for boys and girls*
- *study in an education system that teaches responsibility and critical thinking*
- *be free from exploitation*
- *have access to accurate information*
- *live in a healthy environment*
- *appreciate values and respect family and minorities*
- *have job opportunities and preparedness*
- *participate in social activities in a constructive manner*
- *have economic opportunities in rural areas*
- *choose healthy behaviors and make responsible choices*
- *live in societies and families that support and care for youth*

The Partner organizations can learn from each other – those that are community-based and those focused on technology and methodology – drawing on what they know collectively in terms of strategies,

frameworks and grounded research techniques. The mutual benefits of coming together must be clear to cement the network at a regional level. There is still a need for Partners to gather more information before program and assets mapping can proceed, but the focus must be the immediate results: capacity-building and behavior change. There is also a need for clarity on partnership representation. For example, although CARE Thailand was invited to the Bangkok meeting, can it speak for CARE in Vietnam or Cambodia, regionally or headquarters in Atlanta? It is hoped that the CARE Asia office will become involved once it begins operations in Bangkok.

"We've met, we're committed and interested in joint activities, but we need to understand what resources are available in the Partner organizations and from *Networks*."

A suggestion of program possibilities common to the group was that of promoting youth-centered approaches, of *Networks* becoming a catalyst and an advocate for youth movements. Although this direction seems to be going away from the specifics of the original project, it is within its scope if this is how the Partners want to define it for the region. Then some sort of regional capacity-building pilot initiative can be developed, out of which further funding could be sought.

Mutual interests have been identified, a common vision drafted, and actions agreed to carry it forward. However, it is still unclear how the *Networks* Asia Group will work together and what they can expect from each other. Representatives need to learn how *Networks* operates within their

own organizations, for example, how to access support for travel, program development and training.

The core of the *Networks* Asia Group could be comprised of the regional representatives of each Partner organization:

- Murray Millar (ADRA)
- John Ambler (CARE)
- Brian McLaughlin (PATH)
- Donal Keane (PLAN)
- David Claussenius (SAVE)

Next Steps

It was agreed that members of the *Networks* Asia Group who attended the Bangkok meeting will:

- Obtain and review their organization's existing capacity-building plan.
- Find out how to access *Networks* funds through their organization.
- Request a sufficient budget for a six-month planning phase for a regional capacity-building initiative.
- Identify ASRH-related initiatives in their countries (e.g., youth-centered, gender, communication, policy, media, life skills)
- Set up an e-mail group as the primary means of communication, to be coordinated by Catharine and Kate.
- Synthesize the information collected about the individual organizations, report this to their own headquarters, to the other regional partners, and to the *Networks* meeting in October.
- Arrange to meet again following the October *Networks* meeting.

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DAY ONE: Wednesday, August 9, 2000

9:00	Welcome, Introductions and Housekeeping	Each participant introduced a partner they did not know before and related a significant event from their youth.
	Review of Goals and Agenda	
	NGO Networks for Health – Achieving More Together	Presentation by Catharine Pownall (see the synopsis in Annex C)
	Adolescent Sexual and Reproductive Health – Potential for *Networks* Collaboration in Asia	Presentation by Katharine Bond (see the synopsis in Annex D)
12:45	Lunch	
1:45	Network Member Profiles	In two groups (ADRA-PATH-SAVE and CARE-PLAN), participants interviewed each other, a representative then presenting to the whole group what they learned about the other organization in terms of vision/mission, funding, structure, sectors, regional country presence, and words or phrases that capture the spirit of the organization (see the summary in Annex E).
	Experience with Partnerships and Networks	In the whole group, a representative of each organization addressed these questions: Who do you work with and on what issues? What has made the partnership successful? What has been achieved?

DAY TWO: Thursday, August 10, 2000

9:00	Reflections on Day One and Agenda for Day Two	
	Visioning for Youth Programs	Two organizationally-mixed groups developed vision statements in response to the questions: In five years, what could life be like for the youth of Asia? To realize that dream, what are the three most important things we as organizations could be doing? (see the vision on page 6).
1:15	Lunch	
2:15	Questions for Clarification	The group generated a set of questions that need to be clarified, some of which were responded to by Katherine Bond and Catharine Pownall, others to be addressed through the "next steps" and some that remain (see Annex F).
	Next Steps	A plan of action was agreed to follow up the meeting (see page 7).

ADRA, CARE, PATH, PLAN International and Save the Children/US (lead organization) have joined in *Networks* because the demand for child and reproductive health information and services far exceeds availability. The ***development hypothesis*** underpinning *Networks* is that enhancing PVO/NGO capacity to provide FP/RH/CS/HIV services and strengthening PVO/NGO networks will result in a significant and sustainable increase in the quality of, access to and use of health information and services.

The ***vision*** of *Networks* is to empower and enable individuals, families and communities to improve their health, to create innovative and enduring NGO partnerships, and to foster and support networks that enhance the scale and quality of FP/RH/CS/HIV programs. The ***strategic objective*** is increased use of FP/RH/CS/HIV practices and services through enhanced capacities of PVO/NGO networks. ***Immediate results*** include 1) sustained PVO capacity to provide quality FP/RH/CS/HIV services, 2) accurate knowledge and sustained behavior change at the community level, 3) expanded, sustained PVO/NGO networks to provide FP/RH/CS/HIV service delivery, and 4) expanded service coverage through public-private and private-private partnerships.

*Networks' **targets*** are for 4-8 countries with established FP/RH/CS/HIV information and service networks, and for a 10-20% increase in persons accessing FP/RH/CS/HIV services through new and strengthened networks. These targets will be reached by increasing PVO partner capacity and expanding service delivery reach and scope through networks.

The ***Networks Partnership Council***, comprising senior representatives of member organizations, guides strategy and sets overall policy. The ***Project Advisory Group*** provides operational guidance and technical support, and is made up of senior health program staff. Organizationally, *Networks* has an acting director; results managers; a technical support group; and cross-cutting, program support, and finance and administration staff, most of whom are seconded from the member organizations.

Networks is a "new" ***framework*** for partnership and cooperation that serves as a bridge to technical assistance providers, shares "best practices" and builds on extensive PVO infrastructures. ***Benefits*** for partners include the partnership approach, resources, capacity-building, information resources and technical assistance, and an enhanced NGO voice.

*N*etwork approaches* to Adolescent Sexual and Reproductive Health could meet the multiple needs of youth. Growing experience with community mobilization indicates a potential for supporting youth development and multiple sexual/reproductive health outcomes. Social and cultural issues are at the core of behavior formation and change; multisectoral strategies that engage families, communities and institutions will strengthen the response, and youth involvement is at the core of this response.

Behavioral outcomes directly related to sexual/reproductive health include delaying sexual initiation; preventing unwanted sex, unprotected sexual intercourse, unintended pregnancy and STD/HIV transmission; reducing use of alcohol and drugs; fostering safe motherhood; promoting breastfeeding, basic maternal care and good nutrition; and preventing and treating anemia for boys and girls.

Types of programs and strategies include sexuality education, counselling, media and IEC, hotlines, outreach and peer education, vocational and skills building, parenting and clinical services.

Lessons from international experience show that information and services are necessary but not sufficient to change behaviors; effective strategies identify and address factors that contribute to risk behaviors; increasing youth's connections to adults, school and community is likely to protect them from a variety of risk behaviors; adolescent reproductive health risks often cluster with other risky health behaviors, such as smoking and alcohol use; and that adolescent health-seeking behavior occurs primarily outside formal health service delivery sectors.

Networks and partnerships mobilize communities and address sensitive issues; create linkages between families, communities and institutions; develop referral systems; increase access to programs and services by combining resources; create demand for services; engage in advocacy to promote supportive policies; and share information, knowledge and materials.

Planning for collaborative capacity-building activities could be done for individual organizations and network partners at country and regional levels. Possible modes include technical support to country programs, shared activities with two or more partners in a country, and network activities with two or more partners in multiple countries.

Drawn from Focus on Young Adults Program

	Vision/Mission	Funding	Structure	Sectors	Regional Country Presence	Words or phrase that capture the spirit of the organization
ADRA	Mission: Reflect the character of God through humanitarian and development activities. Actively support communities in need through a portfolio of development activities which are planned and implemented cooperatively. Provide assistance in situations of crisis or chronic distress, and work toward the development of long-term solutions with those affected. Work through equitable partnerships with those in need to achieve positive and sustainable change in communities. Build networks which develop indigenous capacity, appropriate technology, and skills at all levels. Develop and maintain relationships with our partners which provide effective channels for mutual growth and action. Promote and expand the equitable and participatory involvement of women in the development process. Advocate for and assist in the increased use of communities' capacities to care for and responsibly manage the natural resources of their environment. Facilitate the right and ability of all children to attain their full potential, and to assist in assuring the child's survival to achieve that potential.	Mostly US government, other governments, UN/UNHCR, private fundraising, private foundations, no endowment	Headquarters in DC; donor country offices, regional bases, implementing offices, independent field sites, programming and fundraising locally; link with Adventist church (backing and infrastructure)	Disaster response, primary health, food security, economic development and education, with a growing trend to work in integrated programs	All countries in Asia	Changing the world one life at a time
CARE	Vision: Seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people. Mission: To serve individuals and families in the poorest communities in the world.	US government (57%), other governments (7%), public support (29%), other (7%) [for CARE USA]	USA, Canada, Australia; members: Japan, France, Austria, Norway, Denmark, UK; country offices	Agriculture and natural resources; health, population, HIV, education, water, small economic activities development, emergency relief	Afghanistan, India, Sri Lanka, Nepal, Bangladesh, Indonesia, Philippines, Timor, CARE Australia (Myanmar, Laos, Cambodia, Vietnam, China); Thailand	Fighting poverty through participatory approaches

	Vision/Mission	Funding	Structure	Sectors	Regional Country Presence	Words or phrase that capture the spirit of the organization
CARE (cont'd)	Drawing strength from our global diversity, resources and experiences, we promote innovative solutions and are advocates for global responsibility. To facilitate lasting change by capacity-building (self-help), economic opportunity, emergency relief, policy influence and addressing discrimination in all its forms.				(Raks Thai Foundation)	
PATH	Mission: To improve health, especially the health of women and children. An emphasis is placed on improving the quality of reproductive health services and on preventing and reducing the impact of widespread communicable diseases. PATH identifies, develops, and applies appropriate and innovative solutions to public health problems. This is accomplished by exchanging knowledge, skills, and technologies with governmental and non-governmental partners in developing countries and with groups in need elsewhere. In all activities, PATH works in partnership with organizations and companies closely tied to the end users of health services. Staff work cooperatively with health clinics, community-based groups, ministries of health, nongovernmental organizations (NGOs), private-sector companies, and funding agencies – bridging gaps that prevent efficient and effective delivery of health services and fostering partnerships that lead to improved health in the developing world.	US government (60%), private (20%), multilateral (e.g., ADB) (20%)	Headquarters in Seattle; field sites in Seattle, DC, Bangkok, Manila, Jakarta, Phnom Penh, New Delhi, Kiev, Hanoi; decentralized fundraising and programming	Women's and children's health, prevention and education on communicable diseases; no relief work; development of appropriate technology	Thailand, Indonesia, Cambodia, India, Vietnam, Philippines	Collaborative, opportunity-seeking; identify appropriate programs and partners for PATH to fit in
PLAN	Vision: A world in which all children realize their full potential in societies which respect people's rights and dignities. Mission: PLAN strives to achieve lasting improvements in the quality of life of deprived children in developing countries through a process that unites people across cultures and adds meaning and value to their lives by:	Foster parents, social groups, private corporations, individual donations from North America and Europe, governments of OECD countries, grants (30%)	Headquarters in UK; regional offices for Asia (10 countries), Central America, Latin America, South Africa, West Africa; national offices; technical support (Philippines), management support (Chiang Mai)	Health, learning, habitat, livelihood, building relationships	Thailand, Indonesia, China, Nepal, Pakistan, Vietnam, Philippines, Pakistan, Sri Lanka, Bangladesh, Laos, Cambodia	Child-centered development, children's participation, gender and equality, empowerment, environmental sustainability

	Vision/Mission	Funding	Structure	Sectors	Regional Country Presence	Words or phrase that capture the spirit of the organization
PLAN (cont'd)	Enabling deprived children, their families and their communities to meet their basic needs and to increase their ability to participate in and benefit from their societies. Fostering relationships to increase understanding and unity among peoples of different cultures and countries. Promoting the rights and interests of the world's children.					
SAVE/ US	Vision: Save the Children, by mobilizing citizens throughout the world, envisions a world in which every child is ensured the right to survival, protection, development, and participation as set forth in the United Nations Convention on the Rights of the Child. Mission: To create lasting, positive change in the lives of children in need.	US government (37%), UN (10%), public/charitable (45%), foreign governments and Alliance (5%), other (3%)	Administrative headquarters in Westport, Connecticut, technical assistance office in DC; international programs, US programs, humanitarian response, children in crisis; area offices; country offices. Part of International Alliance, worldwide network of 26 independent Save the Children organizations for advocacy, information exchange and capacity-building	Health, education, economic development; humanitarian assistance (relief), integrated multi-sectoral agriculture	Philippines, Vietnam, Pakistan, Nepal, Bhutan, Myanmar, Indonesia, Thailand, Afghanistan, Bangladesh, East Timor	Work through local partners to make impact sustainable

- *What led up to this meeting and what is expected from it?*

- *What are the roles and responsibilities of Katherine Bond and Catharine Pownall?*

- *Who will comprise the "core" group? Who will lead it? What is the "core" group's roles and responsibilities?*

- *What are the key areas on which we will work together?*

- *How to network (in relation to this group) at country level?*

- *How can we help to facilitate or ensure feedback from other countries?*

- *How can we ensure regional input within existing structures?*

- *How can we establish lines of communication within individual organizations?*

- *How to access resources from global* Networks?

- *How will additional "focus" countries be selected? How could the "Asia group" influence the decision?*

- *What are the individual capacity-building plans?*

- *How will any joint capacity-building plan interface with individual plans?*

- *What's the next step?*